



**Eastern Shore Plan for Well-Being II  
2021 – 2023**

*Approved by Executive Committee on 01/14/21 to Go to Full Coalition Vote*

*At the 2020 Annual Meeting 02/11/21*

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## **Vision**

Eastern Shore of Virginia residents report a growing, positive sense of health, well-being and self-empowerment.

## **Mission**

As a volunteer multi-sector partnership, Eastern Shore Healthy Communities' mission is to develop an accountable care community using policies, systems, and environmental change strategies to improve the health and success of the Eastern Shore of Virginia.

## **Values**

**Teamwork.** We are a group of diverse people working together toward a clearly defined, shared vision.

**Effective Decision Making.** We support a process in which all opinions are respected and considered. All participants are equally important and working towards a common goal.

**Duty/Commitment.** We have a duty and commitment to work towards achieving our shared mission and vision.

**Proactive.** We use a "root cause" approach to community well-being issues; looking at ways to address the source of the concern to reduce or prevent the occurrence of that concern.

**Systemic Equity.** We believe that all persons have the right to full and equal access to opportunities that enable them to be healthy and enjoy well-being.

**Creativity/Innovation.** We use creative and innovative approaches to moving towards well-being.

## Framework

Eastern Shore Healthy Communities is a partnership of businesses, organizations, faith communities, and individuals of all ages, representing a diversity of community sectors and professions, engaged in addressing and improving **policies, systems and environments** to support a healthy Eastern Shore. We work together for **collective impact**.

The health burden in the U.S. and the Eastern Shore has shifted from infectious diseases to chronic, non-communicable diseases such as cancer, heart disease, and diabetes. These are primarily lifestyle-related diseases. That's why we say that **health begins long before we ever need to see a doctor or go to a hospital. It begins where we live, learn, work, worship and play.**

When we create **policies**, for example, worksite wellness policies that promote improved diet, increased physical activity, and tobacco-free air, we impact hundreds of people in multiple organizations. When **system** improvements occur, like eliminating soda and introducing activity-based learning in the education system, thousands of children, adolescents and adults are affected. And when alter **environments**, to create livable communities where roads and sidewalks safely support walking and bicycling, as well as automobiles, we make active living possible for all ages.

The spectrum of health care includes preventive and sick care that our doctors and hospitals provide. It also includes health education. But today, we must go further upstream, to create places where people are prompted to and supported in healthy behavior and this requires businesses, police, educators, clergy, government, health and medical professionals -- every sector, and people of all ages. That is why we created Eastern Shore Healthy Communities, a multi-sector health coalition. It is a place to put down political boundaries, share talents, insights and resources to work together towards the vision of well-being for all.

Health is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. All people on the Eastern Shore deserve to flourish. When we create healthful places, where all residents flourish, then education flourishes and businesses thrive – because all sectors are connected. We hope you “get” this concept, own it, and are inspired to become part of this movement. Your effort in this partnership might just be the tipping point to achieving the vision.

## **Diversity Statement**

Written by the Diversity, Equity and Inclusion Work Group and Adopted by ESHC Voting Members 04/14/20

Eastern Shore Healthy Communities envisions all residents reporting a growing, positive sense of health, well-being and self-empowerment. Its mission is to develop an accountable community, using policies, systems, and environmental change strategies to improve the health and success of the Eastern Shore of Virginia. We believe that our partnership, as well as our community, is nourished and strengthened by the diversity of our residents. Therefore, we commit to having a partnership that is reflective of our diverse community.

Our partnership values equity, believing that all persons have the right to full and equal access to opportunities that enable them to be healthy and enjoy well-being. We intend to improve the way that vulnerable groups are treated and understood. To do this we will challenge ourselves to continuously learn and self-reflect, recognize and influence power imbalances, and remain accountable to our mission, vision, and values, especially with regard to diversity, equity and inclusion.

We intend for our actions to serve as a model for communities, educational institutions, employer organizations, and social groups and we will actively work for our community organizations and institutions to adopt similar diversity, equity and inclusion policies and practices.

## Strategic Plan 2021 - 2023

### AIM 1 Healthy Connected Communities

Creating a community where all people can achieve optimal health and well-being requires strengthening the efforts of towns and counties to advocate for its residents' ability to earn a living wage, have healthy, affordable housing available to them, be connected to each other and the world beyond with affordable broadband and reliable internet connectivity; reliable pedestrian and mass transit; adequate licensed 24-hr. child care. All of this is in addition to being a community that emphasizes healthy living, disease prevention, and supporting resilience and being trauma-informed.

#### Goal 1.1 Eastern Shore of Virginia Families Maintain Economic Stability

##### **Poverty Work Group**

Objective 1.1.1. Advocate for building accessible and affordable housing and also for rehabilitating existing affordable housing to accommodate low-income families. To improve quality of life and economic opportunity, we will advocate for all Eastern Shore of Virginia (ESVA) residents to have an affordable, well-constructed, and well-equipped residence. Further, we will advocate for new housing stock, including apartments, townhouses, condominiums or free-standing houses, for rent or ownership, that are located near town centers, constructed for health (air conditioned to support those with asthma, sealed to reduce rodent, termite or other asthma-triggering infestation; has working indoor water and toilet, a kitchen equipped with a stove, refrigerator and sink; and is in good repair), built within an established town and not isolated from needed services and transportation. (Poverty Work Group)

Strategy 1 Have an Eastern Shore Healthy Communities official representative appointed to the Eastern Shore Regional Housing Coalition (ESRHC) & Community Development Network and Economic Development Coalition

*Social capital builds community by building interpersonal relationships, a shared sense of identity, shared values, trust and cooperation.*

**Objective 1.1.2. Advocate for building a complete broadband and internet connectivity system before 2024 that connects all Eastern Shore residents to essential information and services. Support efforts to improve Eastern Shore of Virginia broadband and reliable internet connectivity for all households, organizations and businesses because it is essential for health, education, economic viability and access to global information and cultural resources.**

Strategy 1. Research current status ESVA broadband commission against our goal for all resident access.

Strategy 2. Advocate for reasonable fees for internet connection, even if this requires a government subsidy, so that ESVA residents may more fully participate in local, state and national democracy, economy, culture and society.

Strategy 3. Align with all other Eastern Shore groups advocating for all resident access to broadband and internet to insure our efforts are coordinated, unduplicated, and effective.

**Objective 1.1.3. Address issues concerning current and future employment opportunities on ESVA that pay a living wage, support pay equality and paid time off/sick time.**

Strategy 1. Educate Accomack and Northampton Board of Supervisors, and Federal and State Legislators on the benefits of recruiting jobs that pay a living wage, have paid time off/sick time and provide equal pay for equal jobs regardless of gender.

Strategy 2. Prepare issue briefs on the above as well as the relationship of a living wage to community health to be distributed to the Board of Supervisors of both counties, Federal and State Legislators and Directors of Economic Development.

*“If we’ve learned anything from the COVID 19 pandemic, it is that we don’t want people coming to work with an infectious disease just because they can’t afford to stay home to isolate and recover. Teachers, cooks, servers, factory workers in close quarters can easily spread germs and with grave consequences to vulnerable people.”*

**Objective 1.1.4. Support efforts to increase transportation options for residents to get to a job, to receive medical care, go to a full-service grocery store or pharmacy or to get to school. A transport system responsive to resident needs is a prerequisite for the social and economic development of rural areas.**

Strategy 1. Recruit partners from the transportation sector to ESHC.

Strategy 2. Become familiar with transportation system options for rural areas (i.e. bike and pedestrian infrastructure at bus stops; outfitting vehicles with bike carriers; increasing bus frequency; increasing the number or routes; circulator bus or van service; dial-a-ride services for residents with physical disabilities.)

Strategy 3. Conduct brief research on resident needs for transportation, current options, plans for future, and report outcomes and recommendations.

Strategy 4. Make recommendations to local government transportation-focused organization(s).

**Objective 1.1.5. Raise awareness of poverty and those living below the ALICE Survival Budget, root causes and ways to help those desiring a bridge out of poverty and disseminate widely.**

Strategy 1. Craft, test and refine messages.

Strategy 2. Use all available social, electronic (radio and television PSAs) and print messaging media available to get a steady stream of messages to the public and to particular target publics: elected and appointed officials in a position to make a difference.

Strategy 3. Measure the number of people who received the messages and devise a means of measuring message recall annually.

Strategy 4. Conduct Open Table Training. Open Table Ministry seeks out and guides people experiencing homelessness and poverty toward long-term health and wholeness by building ongoing trusting relationships, meeting practical and personal needs, making connections to community resources, and bridging critical gaps in the social services system.  
([www.theopentable.org](http://www.theopentable.org))

**Objective 1.1.6. Increase affordable, accessible, and quality childcare options. The lack of affordable childcare for all hours creates a special burden on single parents to whom the care of children largely falls. Access to high-quality, affordable child care is especially necessary to support family economic security and early childhood development on the ESVA. (see <https://www.americanprogress.org/issues/early-childhood/news/2019/06/04/470581/5-facts-know-child-care-rural-america/>)**

Strategy 1. Partner with current childcare advocates and providers.

Strategy 2. Map current licensed childcare opportunities. Include accessible times.

Strategy 3. Map the need for licensed childcare locations and providers.

Strategy 4. Craft the case for support of new childcare locations and seek funding with private funders and legislative advocacy: increasing funding for the Child Care and Development Block Grant (which would provide child care assistance to more rural families and increase the subsidy rate so that rural child care providers could more easily meet their operating expenses and increase the quality of their programs) and passing the Child Care for Working Families Act (which would limit most working families' child care payments to 7 percent of their income and make targeted investments in building the supply of licensed child care in child care deserts: defined as 3 young children for every licensed child care slot or no licensed childcare provider at all.)

**Objective 1.1.7. Connect and encourage Eastern Shore of Virginia residents who fall below the ALICE Survival Budget to seek financial counseling support from local banks who offer the service.**

Strategy 1. Create a list of banking partners who offer financial counseling services and create multiple communication channel access to the list.

Strategy 2. Promote a list of banking partners who offer financial counseling through all possible communication channels that reach our intended audience.

Strategy 3. Account for the number of residents who take advantage of financial counseling services annually.

**Objective 1.1.8. Influence public and private elementary schools to actively engage students in vocational awareness and selection, emphasizing both college-required and technical vocations. Include in this training an awareness of what it costs to run a household, how to create a budget, and income ranges related to career choices.**

**Goal 1.2 Eastern Shore of Virginia Communities Collaborate to Improve the Population's Health**

***Resilient and Trauma-Informed Community Work Group***

**Objective 1.2.1. Increase the number of organizations that adopt policy, systems and environmental changes that are trauma-informed for both their internal and external audiences.**

Strategy 1. Identify six organizations within six different sectors (medical, public health, county government, education, social services, courts) to train and mentor through 4 stages of Trauma Informed Organization/Community (trauma-aware; trauma-sensitive; trauma; responsive; trauma-informed).

Strategy 2. Meet with CEOs of each organization to discuss benefits of becoming a trauma-informed organization, plan introductory trainings that introduce staff to the concept and outline steps that move an organization through the four phases of becoming trauma-informed.

Strategy 3. Conduct introductory training.

Strategy 4. Follow-up with CEO or chief trauma-informed advocate to plan next steps.

**Objective 1.2.2. Increase the number of people reached through ESHC resilient and trauma-informed presentations that prioritize community employers and other community organizations.**

Strategy 1. Offer at least one Trauma 101 session monthly (12 sessions per year).

Strategy 2. Offer at least one Trauma-Informed Organization presentation bi-monthly (6 presentations per year).

Strategy 3. Offer two train-the-trainer sessions annually.

Strategy 4. Hold 12 lunch-and-learn sessions for brief trauma-informed informational sessions and discussions per year.

Strategy 5. Hold two movie screenings per year: one for Paper Tigers and one for Resilience.

Strategy 6. Track attendance at each presentation: collecting name, gender, race, organization and email for evaluation purposes and to invite them to ESHC meetings.

Strategy 7. Reach 500 individuals annually.

**Objective 1.2.3. Develop ESHC to be more supportive of trauma-informed organizations by keeping resources available on the ESHC website, offering training and encouraging adoption of trauma-informed policies, systems and environmental change initiatives.**

Strategy 1. In addition to initiatives contained in objectives 1 and 2 above, develop a resilience and trauma-informed library on ESHC website and launch by July 2021.

Strategy 2. Continuously increase resilience and trauma-informed library offerings through 2023 (the end of this strategic plan period).

Strategy 3. Communicate new library additions in ESHC newsletter and through social media.

Strategy 4. Ask partners in meetings and through newsletter to contribute library materials.

Strategy 5. Use and include in ESHC Trauma-Informed Library FACT (Families and Children’s Trust) issue briefs and data resources.

**Objective 1.2.4. Conduct outreach and engagement with diverse and underserved populations around becoming trauma-informed.**

Strategy 1. Work with ESHC Diversity, Equity and Inclusion Work Group to identify organizations to attract diverse audiences.

Strategy 2. Create lunch-and-learn presentation(s) especially for minority audience.

Strategy 3. Invite diverse populations to monthly presentations.

Strategy 4. Track attendance at presentations by name, gender, race, organizational affiliation

**Objective 1.2.5. Enrich and grow Resilient & Trauma-Informed Communities Work Group**

Strategy 1. Meet at least 10 times annually.

Strategy 2. Recruit at least 20 active partners.

Strategy 3. Train and retain 6 trainers

Strategy 4. Evaluate effectiveness by tracking attendance at work group meetings and trainings, movie screenings; and conduct semi-structured interviews with organizations that have committed themselves to becoming trauma-informed by evaluating phase progression.

Strategy 5. Celebrate and promote individual work group partners’ contributions to creating a resilient and trauma-informed community by reporting achievements, public recognition through annual report, newsletters, social media and at the ESHC’s Annual Meeting.

***Executive Committee***

**Objective 1.2.6. Sustain Eastern Shore Healthy Communities to support resident health and well-being**

Strategy 1. Refine ESHC’s succession plan.

Strategy 2. Provide leadership and movement towards more regional thinking and planning.

Strategy 3. Recruit diverse community representatives.

Strategy 4. Add youth voice within the ESHC by reviving Youth Leadership Academy or recruiting youth to committees.

Strategy 5. Engage our public schools into ESHC partnership. Encourage superintendents or other high level involvement; create an education work group. (Recruit Dr. Rhonda Hall & Belinda Rippon (school readiness coordinator.))

## **AIM 2 Strong Start for Children & Strong Adult Leadership**

Family planning and preconception health lead to improved birth outcomes, which are associated with better health and cognition as children mature. Breaking the cycle of trauma by replacing generations of disparity with equity contributes to well-being by giving our children the safety, security and support needed to become self-motivated and successful adults.

### **Goal 2.1. Eastern Shore of Virginia Residents Plan their Pregnancies**

#### ***Better Birth Outcomes Work Group***

**Objective 2.1.1. Screen for, diagnose and treat preeclampsia. (Metric: # preeclampsia cases annually. Baseline: 4% of US pregnancies are affected by preeclampsia.)**

Strategy 1. Eastern Shore Health District (ESHD), Eastern Shore Rural Health System, Inc. (ESRH), and Riverside OB/GYN (R OB/GYN) will collect and report data on women who deliver who have had prenatal care by 12 weeks-gestation.

Strategy 2. ESHD, ESRH, R OB/GYN health providers will evaluate pregnant patients for preeclampsia risk and refer high risk patients to maternal/fetal medicine.

Strategy 3. These data will be reported to ESHC BBO work group at least quarterly.

**Objective 2.1.2. Promote pre-pregnancy readiness and well-being. (Metric: #program/exposures to human sexuality training programs annually. Baseline in subsequent years, the #programs/exposures to human sexuality training programs previous year)**

Strategy 1. Continue to advocate for family life education in the public schools.

Strategy 2. Develop and present teen family life education classes at the Eastern Shore Women's Club

Strategy 3. Conduct focus group to determine and test messaging that works for specific audiences regarding birth control and waiting to have children when mentally and financially prepared (age 14-19 teens & age 20 – 30 young adults).

Strategy 4. Deliver messages through social media.

Strategy 5. Engage with local partners to provide classes related to healthy nutrition and physical activity lifestyles.

**Objective 2.1.3. Expand capacity for and increase the number of mothers engaged in evidence-based home visiting programs. (Metric: #mothers involved in home visiting programs annually. Baseline: Current Nurse-Family Partnership cases)**

Strategy 1. Continue to encourage referrals from ESHC Better Birth Outcomes partners.

Strategy 2. Support retention with grant writing for needed materials (books, toys, canvas bags to hold important documents, backpacks for diaper bags, etc.)

Strategy 3. Support Stork Story Time to encourage mothers to read to their babies while pregnant.

**Objective 2.1.4. Promote nutrition and exercise for mothers and children. (Metric: #WIC participants. Baseline: Previous year #WIC participants).**

Strategy 1. Use social media to support seeking WIC and other nutrition supports when needed, having a healthy diet, and being physically active.

Strategy 2. Engage partners and community in developing and promoting a cookbook featuring local and diverse cultural favorite cuisine converted to healthier (lower fat/calorie/sodium counts) recipes.

**Objective 2.1.5. Reduce the number of sexually-transmitted disease and sexually-transmitted infections cases. (Metric: #STD/STIs diagnosed per year. Baseline: #STD/STIs diagnosed in previous year)**

Strategy 1. Advocate for family life curriculum within the public schools. (80% of our pregnancies are unplanned and 90% of women who deliver at hospitals are uninsured.)

Strategy 2. Develop, promote and deliver a family life curriculum at the Eastern Shore Women’s Club.

Strategy 3. Develop and post social media messages at least monthly related to STIs.

Strategy 4. Continue outreach activities to Eastern Shore Community College that include STI prevention messages.

**Objective 2.1.6. Acknowledge and work to reduce racial disparities in birth outcomes. (Metric: #women receiving prenatal care/# pregnant women. Baseline: #women receiving prenatal care/#women delivering babies in previous year)**

Strategy 1. Employ social messaging targeted to prospective African American mothers about special pregnancy and birth outcome risks and encouraging early prenatal care with providers with whom they are comfortable.

Strategy 2. Collaborate within the ESHC Diversity, Equity and Inclusion Work Group to provide health information concerning the racial disparities in birth outcomes for African American mothers and babies.

Strategy 3. Recruit diverse partners to Better Birth Outcomes Work Group, especially providers and consumers who are knowledgeable and passionate about this issue.

Strategy 4. Promote, monitor and report prenatal care access among pregnant African American women.

## Goal 2.2 The Racial Disparities on the Eastern Shore of Virginia Are Eliminated by Creating a Strong Diversity, Equity and Inclusion Culture

### ***Diversity, Equity & Inclusion Work Group***

Objective 2.3.1. Build resources on ESHC's communication media (web site, newsletter, and social media) to aid current member organizations in adopting a strong diversity, equity and inclusion policy or environment within their own organization.

Objective 2.3.2. Recruit ESHC membership to reflect Eastern Shore of Virginia demographic and cultural profile.

Objective 2.3.3. Assist organizations not currently ESHC partners to adopt a strong diversity, equity and inclusion policy or environment within their own organization.

Objective 2.3.4. Provide training on structural inequality throughout the Eastern Shore.

Objective 2.3.5. Help people of traditionally marginalized communities gain more positions of leadership on ESVA.

Objective 2.3.6. Conduct trainings and offer resources to help employers, organizations and other institutions examine diversity, equity and inclusion issues.

## **AIM 3 Prevention Actions**

Well-being includes intentionally building communities with livability in mind: towns with housing for all income levels and so walkable that you can park once and walk to all needed amenities, like the post office, library, doctors office, or grocery store. We want safe sidewalks and bike lanes that invite and enable residents to move more, especially our youth and seniors. And we look for places where neighbors can gather and build community spirit. That spirit builds community and provides a safety net for folks who may need assistance with food, a job, or childcare.

### **Goal 3.1 Eastern Shore of Virginia Residents Have Resources to Afford and Follow a Healthy Diet**

#### ***Food Access and Equity Work Group***

**Objective 3.1.1. Strengthen community resilience in preparation for next food access challenge using cross agency connections.**

Strategy 1. Using cross agency connections, help residents plan an emergency pantry. Explain food “use by, sell by, and expiration” terminology. Use mime: Don’t panic—be prepared.

Strategy 2. Catalogue strategies used during the pandemic and advocate for those that worked. For example, outline the Food Bank food distribution system and determine what more might be needed in specific situations: epidemic, hurricane, flooding and other emergent situations.

Strategy 3. Use a racial equity lens in all planning and communication.

**Objective 3.1.2. Build community resiliency by strengthening food self-sufficiency.**

Strategy 1. Use cross-agency connections to encourage residents to grow their own food.

Strategy 2. Encourage communities to make connections with neighbors and barter or share food.

Strategy 3. Investigate other food access points and opportunities.

**Objective 3.1.3. Advocate for needed policies and policy changes to improve the food environment and support community resiliency.**

Strategy 1. Develop an annual food policy agenda to support specific needs, using No Kid Hungry and Foodbank legislative agendas as guides.

Strategy 2. Contact or visit local, state and federal legislators to explain current food insecurity and needed legislative assistance.

Strategy 3. Explain legislative agenda and practical implications of existing legislation, for example, the CARES Act, in lay-friendly language and share widely.

**Objective 3.1.4. Contribute to the messaging environment with a planned monthly calendar of messages.**

Strategy 1. Create messages about food access, food budgeting, food preparation, and food legislation, using an equity lens.

Strategy 2. Use accessible communication channels: library, social media, post offices, and schools.

Strategy 3. Create community messages that encourage residents to access SNAP, WIC, and Senior Vouchers and any other food benefits.

Strategy 4. Create a list of food-growing tips and messages throughout the year.

Strategy 5. Encourage residents to adopt new food habits (canning and freezing foods; cooking on a budget, buying and cooking healthy foods in bulk; preparing menus and grocery lists that take advantage of seasonal and sale food items).

**Goal 3.2 Eastern Shore of Virginia Residents Have Environments That Enable Them to Live Actively**

***Livable Communities Work Group***

Objective 3.2.1. Collaborate to improve housing opportunities for ESVA residents of all income levels that align with “livable communities” principles. (Work with Ava Gabrielle, Housing Coalition and Accomack-Northampton Planning District Commission.)

Objective 3.2.2. Insure safe sidewalks and bike paths in all major (highest population) towns. Participate in pedestrian facility study to insure safe sidewalks and bike paths in all major towns,

Objective 3.2.3. Promote walking by continuing to promote walking trails.

***Life Long Wellness Work Group***

Objective 3.2.4. Create happy healthy aging for residents.

Strategy 1. Enhance environments in which seniors can increase their internet skills.

Strategy 2. Improve housing environment for seniors with affordable, well-constructed housing and existing homes are in good repair

**Objective 3.2.5. Promote advance directives among seniors**

## AIM 4 System of Care

As a rural community, we are fortunate to have a network of medical, mental, behavioral and oral health care providers that are independent but collaborate to provide connected care for our community as seamlessly as possible. We must continue to support and build on that collaboration by advocating for funds that support electronic data systems that connect providers with complete medical records to coordinate high quality care, reduce errors and duplication of services. Such a system provides the ability to create a data warehouse to track treatment and services, improve outcomes, and enhance our ability to become an accountable care community.

Goal 4.1 Eastern Shore of Virginia Has a Strong Primary Care System, Linked to Behavioral Health Care, Oral Health Care, and a Community Support System.

### ***Executive Committee***

Objective 4.1.1. Continue to build an accountable community: groups of health-care providers and community partners that voluntarily coordinate high quality care to ensure residents get the right care and services at the right time; avoid duplication of services, and prevent system errors.

Objective 4.1.2. Continue to increase access to comprehensive primary care in patient-centered medical homes.

Objective 4.1.3. Continue to integrate primary care with behavioral health care, substance abuse services and oral health care for residents with complex conditions.

Objective 4.1.4. Advocate for expansion of telemedicine services.

Objective 4.1.5. Increase coordination of resident health and well-being across health, social services, and other organizations that contribute to resident well-being.